



## HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

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### APPLICATION FOR A MOBILE FOOD UNIT

Mobile Unit Trading Name: \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_ State \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_

Type of Mobile Unit: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Food Items Sold: \_\_\_\_\_

Months/Days/Hours of Operation: \_\_\_\_\_

Site(s) of Operation: \_\_\_\_\_

Storage Site Address: \_\_\_\_\_

Commissary Location: \_\_\_\_\_

Source of Water: \_\_\_\_\_

Clean Water Tank Size: \_\_\_\_\_ Cold \_\_\_\_\_ Hot \_\_\_\_\_

Holding Tank Size: \_\_\_\_\_

Sewage Disposal Method: \_\_\_\_\_

Power Source: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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OFFICIAL USE ONLY

I.D. NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_